

BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | NO. | DATE     |
|---------------------------|----------|-----|----------|
| FEE DETERMINATION         |          |     |          |
| OLP/E CLASSIFIED          |          |     |          |
| FORMALITY REVIEW          |          | 901 | 07-05-01 |
| RESPONSE FORMALITY REVIEW |          |     |          |

INDEX OF CLAIMS

o \_\_\_\_\_ Rejected      □ \_\_\_\_\_ Non-elected  
A \_\_\_\_\_ Allowed      I \_\_\_\_\_ Interference  
(Through numeral) Canceled      A \_\_\_\_\_ Appeal  
+ \_\_\_\_\_ Restricted      O \_\_\_\_\_ Objected

| Claim | Date | Claim | Date | Claim | Date |
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If more than 100 claims or 10 actions  
staple additional sheet here

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